



## About IHA

Founded in 1994 and based in Oakland, California, the nonprofit, nonpartisan Integrated Healthcare Association is guided by a 40-member board of industry-leading health plans, physician organizations, and hospitals and health systems, plus representatives of purchaser, consumer, academic, pharmaceutical, and technology entities. As a member-driven organization convening diverse stakeholders committed to advancing high-quality, affordable, patient-centered care, IHA generates objective data and insights to help forge common ground across California's health care community. There are dozens of contributing factors to the wide variation in health care costs and quality in California, and just as many efforts to fix them. Yet, too often these efforts are hindered by a tangled web of inefficient processes and debatable or unavailable evidence, resulting in frustration and friction, disagreement, and divisiveness. By breaking down silos and establishing widely accepted standards and benchmarks, IHA helps solve seemingly intractable problems so our members and partners can move health care forward.



### IHA LEADERSHIP

Jeff Rideout, MD, *President & CEO*

Dolores Yanagihara, *VP, Analytics & Performance Information*

Eyal Gurion, *VP, Strategic Initiatives*

Lindsay Erickson, *Director, Value Based P4P*

Jen Kellar, *Director, Finance & Operations*

Michelle Lewis, *Director, Marketing & Outreach*

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*Innovation through Collaboration*<sup>™</sup>



## IHA VISION, MISSION & ROLES

**Vision:** Health care that promotes quality improvement, accountability, and affordability for the benefit of all California consumers.

**Mission:** To create breakthrough improvements in health care services for Californians through collaboration among key stakeholders.

### Roles:

- **Accountability Promoter:** IHA promotes accountability and transparency through health care standards, measurement, rewards, and providing information to third parties for public reporting.
- **Convener:** IHA leverages its distinct strength, the ability to bring together leaders from key sectors of health care in California as a neutral convener, to promote innovation through both individual and collaborative efforts.
- **Innovator:** IHA provides a forum for its members to innovate, promote, and test new ideas.
- **Insight Generator:** IHA supports a visible, ongoing effort to promote health care improvement by educating and informing the general public, policy makers, other associations, and organizations through conferences, roundtable forums, reports, media, and other methods.
- **Policy Influencer:** IHA seeks to influence policy issues that support its mission through information, education, public positions, and collaboration by key stakeholders.
- **Project Incubator:** IHA serves as a catalyst by initiating, coordinating, and managing projects that advance solutions for delivery system challenges.



## INSIGHTS

Provide actionable strategies to improve quality, reduce costs, and increase transparency.

**Regional Performance Variation.** Benchmarking and tracking regional performance on key quality and cost measures is critical to monitoring California's progress toward high-quality, affordable, patient-centered care. An IHA online tool—the California Regional Health Care Cost & Quality Atlas—highlights the wide variation in quality and cost across 19 geographic regions in the state. Developed in partnership with the California Health Care Foundation and California Health and Human Services Agency, the Atlas includes information about care provided in 2013 and 2015—just before and after the Affordable Care Act coverage expansions took effect—to 30 million insured Californians, nearly three-fourths of the state's population. Spanning commercial insurance—both health maintenance organization (HMO) and preferred provider organization (PPO) products—Medicare Advantage, Medicare fee for service (FFS), Medi-Cal managed care, and Medi-Cal FFS, the Atlas brings together regional data on clinical quality, hospital utilization, and total cost of care to assess performance variation by geography and insurance type in a meaningful way. By highlighting variation in health care quality and costs across regions, the Atlas pinpoints opportunities not only to provide better care but lower costs.

**Reducing Overuse.** Avoiding unnecessary medical tests, treatments, and procedures is critical to reducing patient harm and creating value in the U.S. health care system. IHA, with support from the California Health Care Foundation, convenes Smart Care California, a public-private partnership working to promote safe, affordable health care in California. The group is co-chaired by CalPERS, the California Department of Health Care Services, and Covered California, which collectively purchase or manage care for over 16 million Californians—or 40 percent of the state. Smart Care California focuses on reducing C-sections for low-risk, first time births, reducing opioid overuse, and reducing

inappropriate treatment for low back pain. Since the initiative began in June 2015, Smart Care California has twice publicly recognized hospitals meeting or surpassing the national Healthy People 2020 target of 23.9 percent for C-sections for low-risk, first time births and has published a menu of payment options to provide payers with strategies to align payment with the goal of only providing medically necessary C-sections. Smart Care California has also identified promising health plan and provider practices to lower opioid-related morbidity and mortality, including publishing a summary of payer and provider strategies and a health plan & purchaser checklist of best practices.



### ACCOUNTABILITY

Drive performance measurement and payment incentives that enable high-quality, efficient care.

IHA's suite of performance measurement programs are built on common performance measures and benchmarks across health plans and physician organizations (POs), and help harness collective market forces, reduce reporting burden, and enable performance improvement.

**California Value Based P4P Program.** By merging quality, cost, and resource use measures into a single incentive program across multiple health plans, Value Based P4P is one of the largest alternative payment models in the country. Participation in Value Based P4P includes nine statewide health plans and nearly 200 California POs caring for over 9 million Californians enrolled in commercial HMO and point of service products. Value Based P4P has four key components: a common set of measures and benchmarks; health plan incentive payments to physician organizations; public reporting of physician organization performance results; and public recognition awards. Consumers and purchasers can compare side-by-side cost, quality, and patient experience ratings for more than 150 participating Value Based P4P medical groups via an online report card published in partnership with the California Office of the Patient Advocate (OPA).

**Medicare Advantage 5-Star Ratings for California Physician Organizations.** Since 2008, CMS has publicly reported the performance of Medicare Advantage (MA) health plans on a variety of clinical quality, member experience, and customer service measures through a 5-star rating system. Star ratings are intended to help beneficiaries select higher-quality plans and focus health plan quality improvement efforts. Building on the MA star rating system for health plans, IHA uses a subset of clinical measures to award star ratings to POs. Measuring performance at the PO level allows IHA to combine data from participating MA plans to identify performance variations that can help plans and POs target quality improvement efforts. IHA also uses the star ratings to report publicly on quality of care for Medicare beneficiaries in partnership with OPA and recognizes high-performing POs.

**Standardized Performance Measurement for Commercial ACOs.** California is on the leading edge of both provider payment innovations, such as ACOs, and performance measurement and benchmarking initiatives to foster better care, better health, and smarter spending. At the same time, measures have proliferated, increasing demands on providers and potentially undermining efforts to advance high-value care. To make performance measurement more meaningful and less burdensome, IHA and the Pacific Business Group on Health have partnered to develop a standardized measurement and benchmarking program for commercial ACOs that could be scaled nationally.

**Performance Measurement & Reporting in Medi-Cal Managed Care.** Medi-Cal now covers more than 1 in 3 Californians—about 13.3 million people in 2017—and about 11 million enrollees now receive care through managed care plans. As Medi-Cal enrollment continues to grow, the importance of consistent and comparative performance measurement is growing as well. While obtaining plan-level information helps identify quality deficiencies and opportunities for improvement, targeting performance measurement and payment incentives at the provider level, where care is delivered, is likely to spark more rapid improvement. IHA leads a project to encourage adoption of a core provider measure set across all Medi-Cal P4P programs to eliminate redundancy and ease administrative burden.



## ACCELERATION

Collaborate with diverse stakeholders to assess industry problems and accelerate solutions.

### Statewide Provider Directory Utility Initiative.

Maintaining up-to-date information about provider participation in health plan networks is a challenge not just in California but across the nation. Consumers often rely on provider directories when choosing a health plan to see if their doctor or other provider is in the plan network. At the same time, longstanding technical and logistical challenges, including accuracy of provider network participation, outdated systems, and quickly changing information, have prevented development of a statewide provider directory. The first of its kind in the state, the provider directory utility will offer a single place for providers and commercial, Medicare, and Medi-Cal health plans to update their data, simplifying the process and leading to more accurate provider data, improved quality, and a better customer experience for Californians. The project is an offshoot of the California Department of Managed Health Care's approval of Blue Shield's 2015 acquisition of Care1st Health Plan. As part of the agreement, Blue Shield committed to strengthening the health care delivery system in California, including development of a statewide centralized provider directory database. IHA was selected to develop and manage this cutting-edge resource, which will offer participating organizations on-demand and accurate provider data.

**Supporting Practice Transformation.** More than 4,000 California clinicians are working toward the common goals of better care, better health, and lower costs through participation in the Practice Transformation Initiative (PTI) created by the Pacific Business Group on Health, Center for Care Innovations, and IHA. One of 29 CMS-sponsored Transforming Clinical Practice Initiative awards, PTI is a peer-based learning network designed to coach, mentor, and assist clinicians in developing core competencies specific to practice transformation. PTI funds practice coaches and data feedback systems and supports clinicians in the move to

value-based incentive programs and practice models. IHA supports PTI by leading quarterly data collection and web-based performance reporting periods at the individual clinician level by practice location and payer type. In the last year, IHA has collected data for 13 clinical quality, utilization, and patient experience measures from 13 physician organizations spanning 4,764 clinicians. The PTI goal is to support 4,800 clinicians in measurably improving care for at least 3.5 million patients by 2019.

### IHA BOARD MEMBERS

#### Health Plans

Aetna, Anthem, Blue Shield, CalOptima, Cigna, Health Net, Kaiser Foundation Health Plan, L.A. Care, Partnership HealthPlan of California, UnitedHealthcare

#### Physician Organizations

Brown & Toland Physicians, EPIC L.P. (Beaver Medical Group), Family Care Specialists Medical Group, HealthCare Partners, Hill Physicians Medical Group, Monarch HealthCare, Palo Alto Medical Foundation, The Permanente Medical Group, Santé Health System, Sharp Rees-Stealy Medical Group

#### Hospitals & Health Systems

Cedars-Sinai Health System, Dignity Health, John Muir Health, Martin Luther King Jr. Community Hospital, MemorialCare Health System, Providence Health & Services, Santa Clara Valley Health and Hospital System, Stanford Health Care, Sutter Health, UC Davis Medical Center

#### Purchaser/Consumer

CalPERS, Covered California, Disney Worldwide, Google, Consumer Health Alliance

#### At-Large

Genentech (Patron), GlaxoSmithKline, Merck, Pfizer, Vituity

#### Liaison

Alameda Health Consortium, California Department of Managed Health Care, California Health Care Foundation, Center for Healthcare Decisions, CMS Region IX, RAND, Stanford University Graduate School of Business, Stanford University School of Medicine, UC Berkeley School of Public Health

